

Baines Middle School PTO
Payment / Reimbursement Request Form

☐ Reimbursement ☐ Payment to vendor ☐ Leave in PTO Box at School ☐ Mail

Date requested: _____ Requested by: _____

Requestor phone: _____ Committee Chair: _____

Check should be made payable to: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

- Please complete form, attach all original receipts, place approved form and receipts in PTO Treasurer box in school office. Please text Aruna Vadel at 713-614-0815 to let me know you have a pending request.
- Approved requests received by Wednesday 10 am will be paid by the next Wednesday afternoon.
- Payments could be delayed if form is submitted without proper approval and/or original receipts/invoices.
- Payments to Board members require PTO President approval and checks over \$1,000 require PTO Board approval.
- Sales tax will not be reimbursed

| Budget Account | Description of Items Purchased | Amount |
|----------------|--------------------------------|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Check Total | | |

Signature of Board member approving payment: _____

Printed name of Board member approving payment: _____ Date _____

Treasurer use only:

| | |
|------------------------------|---------------|
| Date Paid: | Check Number: |
| Board Approval Minutes Date: | Check Amount: |